## INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, SHEIKHPURA, PATNA-800 014 (BIHAR).

## PROFORMA FOR ADVERTISED POST

1.	Advertisement	t No.		: 10/IGIMS	5/Estt./2014		lecent Passport Size Photograph	
2.	Name of the Pos	t	:					
3.	Name of Applicant		:					
4.	Father's Name		:					
5.	Date of Birth		:					
6.	Age as on		:	Yr	Month	D	ays	
7.	Permanent Addr	ress	:					
8.	Address for Corr	espondence	:					
9.	Contact No.		:					
10.	Educational Qua	lification	:					
SI.	Particular of Exam. Passed	Name of Board/Univ.		Year of	Division/	Marks	Percentage of Marks	9
No. 1	rasseu			passing	Class	obtained	OFIVIATES	
2					-			
3								
4								
5								
6					-			

11.	Working Experience				
SI.	Working Experience  Name of the Institution	Designation	From	То	Nature of Duties
No.				! ! !	
1					
2					
3					
4					
5					

- 12. Whether belongs to SC/ST/BC-I or BC-II:(Caste Certificate issued by Circle Officer for SC/ST candidates along with domicile certificate and Caste certificate issued by Circle Officer for MBC (BC-I) and OBC (BC-II) candidates with exemption from creamy layer along with domicile certificate should be attached).
- 13. Details of Bank Draft with Date, Place & Amount.

Name of the issuing Bank	Place	D.D. No.	Date of issue	Amount

riace.	
Date :	Signature of applicant